



**ELIZABETH SETON PEDIATRIC CENTER
VOLUNTEER APPLICATION**

Name of Volunteer: _____

Address: _____

Home Tel: _____

Office Tel: _____

E-mail: _____

In case of emergency: Name: _____

Phone: _____

School: (for high school or college students) _____

Occupation: _____

Employer: _____

Employer's Address: _____

Interests or special skills you would like to share: _____

List any language (other than English) that you speak fluently: _____

Previous Experience (Volunteer Work): _____

Time Available: _____ Weekday: _____ Fri: _____ Sat: _____ Sun: _____

Area of Interest: _____

One (1) business/school reference:

Name & Title of Reference: _____

Name of Company/School: _____

Address: _____

_____ Zip: _____

Two (2) personal references you have known for at least two (2) years. Please do not list relatives:

1. Name: _____

Address: _____

_____ Zip: _____

2. Name: _____
Address: _____
_____ Zip: _____

Note: Please send attached reference forms with letter to your references and ask them to forward the references directly to:

*Vanessa Andrews
Volunteer Services
Elizabeth Seton Pediatric Center
590 Avenue of the Americas
New York, NY 10011*

Assignments: Assignments are made on a trial basis subject to a three-month evaluation.

Medical: You will be required to complete a medical exam, have a Titers Test (shows immunity to childhood diseases) and a TB test.

Volunteer's Signature: _____ Date: _____

BUSINESS REFERENCE

_____ has applied to be a volunteer at Elizabeth Seton Pediatric Center and has given your name as a business reference.

Since we provide care for needy children, we are striving to recruit dedicated, responsible volunteers.

It would be appreciated if you would complete the attached questionnaire and return it to the following address.

Vanessa Andrews, Volunteer Services
Elizabeth Seton Pediatric Center
590 Avenue of the Americas
New York, NY 10011

Thank you for your prompt response.

BUSINESS REFERENCE

Date: _____

Name of Volunteer: _____

Do you feel that the applicant displays the following qualities:

Intelligence and sound judgment _____

Emotional stability and maturity _____

Responsibility and integrity _____

Warmth and concern for others _____

Maintains good relationships with others _____

Please share with us any special insights or comments that you would like to make regarding the applicant:

Signature _____

Date _____

Address: _____

PERSONAL REFERENCE

_____ has applied to be a volunteer at Elizabeth Seton Pediatric Center and has given your name as a personal reference.

Since we provide care for needy children, we are striving to recruit dedicated, responsible volunteers.

It would be appreciated if you would complete the attached questionnaire and return it to the following address.

Vanessa Andrews, Volunteer Services
Elizabeth Seton Pediatric Center
590 Avenue of the Americas
New York, NY 10011

Thank you for your prompt response.

PERSONAL REFERENCE

Date: _____

Name of Volunteer: _____

Do you feel that the applicant displays the following qualities:

Intelligence and sound judgment _____

Emotional stability and maturity _____

Responsibility and integrity _____

Warmth and concern for others _____

Maintains good relationships with others _____

Please share with us any special insights or comments that you would like to make regarding the applicant:

Signature _____

Date _____

Address: _____

PERSONAL REFERENCE

_____ has applied to be a volunteer at Elizabeth Seton Pediatric Center and has given your name as a personal reference.

Since we provide care for needy children, we are striving to recruit dedicated, responsible volunteers.

It would be appreciated if you would complete the attached questionnaire and return it to the following address.

Vanessa Andrews, Volunteer Services
Elizabeth Seton Pediatric Center
590 Avenue of the Americas
New York, NY 10011

Thank you for your prompt response.

PERSONAL REFERENCE

Date: _____

Name of Volunteer: _____

Do you feel that the applicant displays the following qualities:

Intelligence and sound judgment _____

Emotional stability and maturity _____

Responsibility and integrity _____

Warmth and concern for others _____

Maintains good relationships with others _____

Please share with us any special insights or comments that you would like to make regarding the applicant:

Signature _____

Date _____

Address: _____

Please answer the following questions:

Have you ever been known by a different name by any of the references, school or employers listed on this application? [] YES [] NO

If yes, please indicate name: _____

Have you ever been convicted of a crime? (Note: A conviction is not an automatic bar to employment) [] YES [] NO

Are any criminal charges currently pending against you? [] YES [] NO If YES, explain fully

Have you ever been convicted of child abuse?[] YES [] NO

Are any charges of abuse, neglect or maltreatment of a child currently pending against you? [] YES [] NO If Yes, explain fully;

Print Name

Signature

Date

ELIZABETH SETON PEDIATRIC CENTER
VOLUNTEER MEDICAL HISTORY

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Telephone # _____ Date of Hire _____ Department _____

PAST HISTORY (check the box)

| | | | |
|---------------|---------------------|---------------------|-----------------|
| Asthma | Depression | Hepatitis | Thyroid Disease |
| Arthritis | Eczema | High Blood Pressure | Tuberculosis |
| Bronchitis | Epilepsy / Seizures | Immune Disease | Ulcers |
| Cancer | Fainting/Dizziness | Kidney Disease | Varicose Veins |
| Chronic Cough | Heart Disease | Pneumonia | Other: |
| Colitis | Headaches | Rheumatic Fever | |
| Diabetes | Hemorrhoids | Shortness of Breath | |

HOSPITALIZATIONS / SURGERY (date, diagnosis)

MEDICATIONS (drug, dose and frequency)

ALLERGIES (list)

Medications / Food / Other: _____

HABITS Tobacco _____ (____packs / day x ____yrs) Alcohol _____ (____drinks / day /wk / month)

FAMILY HISTORY _____

SYSTEM REVIEW (check the box)

Neuro: Headache _____ Dizziness _____ Seizures _____ Visual Problems _____

Chest: Pain _____ Palpitations _____ SOB _____ Cough _____ Blood in Sputum _____

GI: Stomach Pain _____ Rectal Pain _____ Blood _____ Constipation _____ Diarrhea _____

GU: Pain on Urination _____ Frequency of Urination _____ Blood in Urine _____

Musculoskeletal: Joint Pain _____ Back Problems _____ Deformities _____

Menstruation: Regular _____ Irregular _____ Menopause _____ LMP _____

Last PAP Test _____ Mammogram _____ Breast Self Exam _____

Comments:

I hereby certify that all statements and answers provided by me on this examination form are complete and true to the best of my knowledge. I understand and agree that my appointment to the Pediatric Center is conditional upon full disclosure of all medical information and the failure to do so shall constitute grounds for immediate termination as a volunteer

Signature

Print Name

Date

Physical Examination

VITAL SIGNS: T _____ P _____ R _____ BP _____ HT _____ WT _____

GENERAL APPEARANCE: _____

SKIN: _____

HEENT: _____

NECK: _____

SPINE: _____

LUNGS: _____

HEART: _____

ABDOMEN: _____

EXTREMITIES: _____

NEUROLOGICAL: _____

IMMUNIZATION DATES: Last Tetanus Booster _____ Hep B Vac (1 2 3 dose(s) _____ MMR _____

TITERS: VARICELLA _____ RUBELLA _____ RUBEOLA _____ MUMPS _____ HEP B _____

TETANUS ADMINISTERED: _____ SITE: _____ LOT #: _____ EXP. DATE: _____

PPD #1 DATE PLANTED: _____ SITE: _____ LOT #: _____ EXP. DATE: _____

DATE READ: _____ mm _____ NEGATIVE _____ POSITIVE _____

PPD #2 DATE PLANTED: _____ SITE: _____ LOT #: _____ EXP. DATE: _____

DATE READ: _____ mm _____ NEGATIVE _____ POSITIVE _____

CHEST X-RAY: DATE _____ NEGATIVE _____ POSITIVE _____

ADDITIONAL REMARKS:

Signature of Examiner

Date

Reviewed & Complete (Initials) _____

****HIGHLY IMPORTANT****

State Central Register Form Link:

<http://www.ocfs.state.ny.us/main/Forms/cps/LDSS-3370%20Statewide%20Central%20Register%20Database%20Check.doc>

Please click on link, print form, fill out and return with completed application to:

Vanessa Andrews, Belvedere Castle
590 Avenue of the Americas
New York, NY 10011